



**ANNUAL IMPACT
REPORT**

FEBRUARY 2026



MBCure is on a mission to ignite change in the Metastatic Breast Cancer (MBC) community by funding research, awareness, education, and access for all.

A dedicated Board, brought together by women from the Beck, Daniels, Millevoi, and O’Riordan families, created MBCure to lead and honor the legacies of two family members who they lost to MBC. Learn more about our beloved Kerry and Jacquie [here](#).

To date, the women of the MBCure Board have raised over \$1.6 million (& counting) for the MBC community, and we are just getting started!

MBCure’s Multifaceted Approach To Finding A Cure:

Research for a Cure: We dedicate the majority of our annual net proceeds to funding curative-intent MBC research through the MBCure Research Consortium.

Awareness & Education: To rally public attention around the drastic disparities regarding the allocation of breast cancer research funds and regarding outcomes among different groups living with MBC. MBCure is also committed to educating people about their breast cancer risk and debunking fallacies that exist about breast cancer.

Access: To allocate funds to directly support individuals who are living with MBC to enhance their lives and democratize access to high-quality resources.



Every year, 100% of MBCure's annual net proceeds are dedicated to the MBC community, with 90% dedicated to the beneficiaries of the MBCure Research Consortium and 10% dedicated to non-research MBC initiatives.

Our impact report explains the MBCure Research Consortium and our other beneficiaries to date.

MBCure will reserve **10% of annual net proceeds to be granted to non-research MBC initiatives** to support the other areas of our mission, including MBC awareness, education, and access efforts. These beneficiaries will differ from year to year, and we invite organizations who are interested in partnering with MBCure for non-research related initiatives to apply online. The application for these non-research beneficiaries goes live on our website every August and closes in September. The MBCure Board leads the application review and selection process and announces the proceeding year's beneficiaries in the fall (e.g., 2026 non-research beneficiaries were announced in the fall of 2025).

We are so grateful to our beneficiaries for the wonderful work they continue to do for the MBC community. We congratulate them on their progress and continued success! **We know Kerry and Jacquie would be very proud, as we have founded this organization to honor and lead their legacies – here's to a CURE!!!**



The MBCure Research Consortium is a partnership with three of the world's leading cancer institutions and focuses on curative-intent MBC research!



**Memorial Sloan Kettering
Cancer Center**



**Fox Chase
Cancer Center**
Temple Health



Penn Medicine
Abramson Cancer Center

Driving Innovation With The MBCure Research Consortium



The MBCure Research Consortium is a pioneering initiative dedicated to funding leading-edge research and enhancing collaboration among top cancer institutions. The focus of this consortium is to target **curative-intent pathways for MBC**, which, despite decades of research, **still remains incurable**. As part of the MBCure Research Consortium, breast oncologists and researchers will be openly communicating and collaborating to drive more efficient and effective results.

MBC, also known as **stage 4 breast cancer**, is the stage of the disease responsible for virtually all breast cancer-related deaths. **Although over 35% of patients with breast cancer are diagnosed with MBC, on average less than 10% of breast cancer research funding is directed toward this stage of the disease, with an even smaller fraction dedicated to curative-intent research.** This gap in funding is a significant barrier to improving survivorship outcomes for patients.

These three leading cancer institutions – and their breast oncology groups in particular – have never been brought together in this way before. Each of the three institutions brings unique expertise and infrastructure, as well as **diverse patient groups**, that will synergize with MBCure’s mission. This multi-institutional consortium is designed to foster shared learning, resource integration, and strategic alignment on bold scientific goals, allowing us to move faster and go further than ever before.

Through the founding of this consortium, MBCure is working to transform the landscape of MBC research. **By working directly with top cancer institutions in the region where MBCure established its roots, MBCure is breaking down silos, bringing together some of the brightest minds in the field, and accelerating the kind of breakthrough science that people living with MBC urgently need.**

Read the full press release [here](#).



Meet Our MBCure Liaisons

Each institution has a designated MBCure Liaison, whose detailed responsibilities include, but are not be limited to, ensuring the funding is allocated ***strictly toward MBC research that is driving toward curative-intent discoveries and therapy.*** This funding will be directed to some of the boldest MBC research that each institution is conducting, with the understanding that in some instances this will mean high-risk, high-reward research. ***MBCure's vision is to achieve a cure for all subtypes of MBC – that means we need to think bold and take calculated risks.***

This approach represents a ***focused and strategic investment decision that prioritizes outcomes.*** The consortium will yield long-term relationships, allow for continued close monitoring of progress with annual reporting of impact metrics, and enable iterative revisions to the process as needed to ensure the funding is being allocated effectively. We all have a shared agreement around the importance of developing impact metrics. Impact metrics will be specific to each research study, meaning that every study will not have identical metrics. ***We believe that impact reporting is a crucial component to acting as a transparent organization.***

The following individuals have been named as the designated MBCure Liaisons:

- **Rachel Jankowitz, MD** (Penn Medicine's Abramson Cancer Center)
- **Melissa McShane, MD** (Fox Chase Cancer Center)
- **Pedram Razavi, MD, PhD** (Memorial Sloan Kettering Cancer Center)



Meet Dr. Pedram Razavi | MSK



Dr. Pedram Razavi is a medical oncologist and physician-scientist at Memorial Sloan Kettering Cancer Center (MSK), specializing in precision oncology for breast cancer. He serves as Director of the Breast Cancer Translational Program and Molecular Tumor Board, and Director of Liquid Biopsy and Cancer Genomics for the MSK Biomarker Development Program.

His research focuses on integrative clinicogenomic approaches and circulating tumor biomarkers to characterize breast cancer at both systemic and molecular levels and to expand the clinical utility of liquid biopsy technologies.

Dr. Razavi earned his MD from Tehran University of Medical Sciences and his MPH and PhD in cancer epidemiology from the University of Southern California. He completed a postdoctoral fellowship at the Channing Laboratory, an internal medicine residency at USC, and a medical oncology fellowship at MSK, where he also conducted postdoctoral research in cancer genomics in the lab of Dr. José Baselga.

"I am thrilled to collaborate with the MBCure Liaisons at Penn Medicine and Fox Chase Cancer Center. By uniting our diverse expertise as physician-scientists and strategically sharing resources, we can accelerate progress in ways that would be impossible in isolation. This collaboration allows us to work smarter, maximize impact, and drive more meaningful results for patients. We are deeply grateful to the MBCure Research Consortium for bringing us together in this unprecedented way to advance our shared mission of putting an end to MBC. MBCure is not only driving innovation through the founding of this consortium, but it is empowering us to pursue bold, high-risk, high-reward research that pushes the boundaries of science and propels breakthrough discoveries. As an example, we have trials at MSK that are upending the conventional approach to how MBC is treated today. We have trials looking to explore eradicating cancer cells in MBC patients, rather than the traditional approach of sequential treatment that focuses on preventing progression. We are not interested in treatments; we are focused on a cure."

"At MSK, we are deeply committed to advancing translational research that uncovers the biological drivers of therapy response and resistance in metastatic breast cancer, and to transforming those insights into innovative therapeutic strategies that directly impact patient outcomes. We will leverage this incredible support from the MBCure Research Consortium to accelerate paradigm-shifting, patient-centric clinical trials and leading-edge translational science, bringing us closer to making long-term remission – and ultimately a cure – a reality for patients living with MBC."



Meet Dr. Melissa McShane | Fox Chase



because it provides an ideal environment for delivering exceptional, multidisciplinary cancer care and advancing clinical research.

Prior to her fellowship, Dr. McShane worked as an oncology hospitalist in the Bone Marrow Transplant Unit at the University of Virginia, where she also completed her residency in internal medicine. She earned her MD from the Sidney Kimmel Medical College at Thomas Jefferson University, graduating cum laude in 2014.

Dr. McShane's research interests focus on improving outcomes for breast cancer patients. Her work includes a retrospective analysis of alternating mammogram and MRI every six months for women at high risk for breast cancer, evaluation of treatment patterns in older adults with metastatic breast cancer, and a case report on response to checkpoint inhibition in a patient with metastatic HER2-positive breast cancer.

In her clinical practice, Dr. McShane strives to walk alongside her patients throughout their cancer journey, helping them navigate care while supporting both their physical and emotional needs. She collaborates with surgical oncologists, radiation oncologists, and the palliative care team to design personalized treatment plans. In addition to providing the standard of care, she ensures patients have access to the latest therapies through clinical trial participation.

Dr. McShane is a member of the American Medical Association, the American College of Physicians, the American Society of Clinical Oncology, and the American Society of Hematology.

Melissa McShane, MD, is an Assistant Professor at Fox Chase Cancer Center, part of the Temple University Health System. As a medical oncologist, she specializes in the treatment of breast cancer and is a member of the Breast Cancer Medical Oncology Program.

Dr. McShane joined the Fox Chase faculty following completion of her fellowship in hematology/oncology at Fox Chase-Temple University, where she also served as chief fellow. She chose Fox Chase

"At Fox Chase Cancer Center, we're proud to be part of the MBCure Research Consortium – a groundbreaking effort to spark bold, high-risk research that could change the future for patients with MBC. Through this unique collaboration, we're building a culture of shared learning and tireless dedication to finding curative therapies. Our commitment is to make sure every dollar of this important funding has the greatest possible impact for patients with MBC and their families."

"Our research is laser-focused on eliminating the root cause of metastatic relapse: dormant tumor cells that quietly survive treatment. By targeting and eradicating these cells, we aim to transform metastatic breast cancer from an incurable disease into one that is treatable—and ultimately curable. This effort is driven by a powerful collaboration among scientists, clinicians, and patient advocates, all united by a shared mission to end metastatic breast cancer."

Meet Dr. Rachel Jankowitz | Penn Medicine



She clinically specializes in breast cancer patient care, and her research has been focused on the study of invasive lobular carcinoma.

Dr. Jankowitz has served as Principal Investigator (PI) or co-investigator for numerous breast cancer clinical trials, and she is a member of The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) Breast Cancer Panel.

She earned her MD from Temple University School of Medicine, and she completed her residency and fellowship training at University of Pittsburgh School of Medicine.

Dr. Rachel Jankowitz is an Associate Professor of clinical medicine in the Division of Hematology/Oncology at the University of Pennsylvania Perelman School of Medicine where she serves as the Breast Cancer Section Chief and Director of the Rena Rowan Breast Center at the Penn Medicine Abramson Cancer Center.

"We will always accomplish more when we collaborate. Breakthroughs don't happen in a silo, and by working together we can expedite the pace of discovery. The MBCure Research Consortium will help cultivate this unique partnership to move the needle for metastatic breast cancer research."

"I am so grateful to MBCure for this amazing opportunity. Its tireless fundraising efforts and dedication to this cause will both support research within our Penn Medicine Breast Cancer Program and foster regional research collaborations. This exciting development fuels hope for progress in our fight against MBC."

Development of Our Curative-Intent Research Portfolio



Planned Research for 2026:

Fox Chase Cancer Center:

Lobular and Triple-Negative Breast Cancer (TNBC) Database Development

Triple-Negative Breast Cancer (TNBC) Dormant Metastases Research with Lucia Borriello, PhD

Penn Medicine Abramson Cancer Center – Rena Rowan Breast Center:

Development of a Multidisciplinary Invasive Lobular Breast Cancer (ILC) Research Working Group

Memorial Sloan Kettering Cancer Center (MSK):

HERizon-Breast Clinical Trial with Curative-Intent for MBC

*The MBCure Research Consortium Curative-Intent Portfolio is spanning the spectrum of research (e.g., basic science, translational studies, clinical trials, database development, etc.) with ongoing multi-institutional partnerships to develop strategic alignment on bold scientific goals and iterative revisions to our process based on measured progress. As you will read about, our impact metrics will be specific to each research study, meaning that every study will not have identical metrics. **Importantly, our work is laser-focused on addressing unmet needs and under-studied areas in the MBC space where philanthropy is more critical than ever before.** We are shifting the paradigm and the conversation by talking about a cure and galvanizing others to do the same.*

Overview | Lobular & TNBC Database Development at Fox Chase



A dedicated, high-quality clinical database for patients with breast cancer treated at Fox Chase Cancer Center, an infrastructure that does not currently exist. The initial focus will be on invasive lobular carcinoma, a biologically distinct and under-studied subtype of breast cancer, particularly in the metastatic setting, where clinical decision-making is often guided by limited evidence. Once established, the database could be expanded to include other high-need populations, such as patients with triple-negative breast cancer (TNBC).

This database will systematically capture detailed clinical, pathologic, treatment, and outcome data, enabling investigators to ask clinically meaningful research questions that cannot be reliably addressed without such a resource. By aggregating real-world patient data from our institution, we aim to better characterize disease patterns, treatment responses, and outcomes in metastatic breast cancer subtypes that remain poorly understood.

Importantly, this work will be hypothesis-generating, laying the scientific foundation for future studies.

The creation of this database will directly support academic and scientific impact by enabling retrospective analyses, abstract presentations, and peer-reviewed publications. Insights gained will inform the design of future prospective clinical and translational studies, positioning Fox Chase Cancer Center to contribute novel knowledge to the field.



Proposed Metrics to Evaluate Progress

Short-Term Outputs (Year 1-2)

- Creation of an IRB-approved, secure breast cancer clinical database
- Number of patients with lobular carcinoma entered into the database
- Completion of standardized data fields (demographics, pathology, treatment, outcomes)
- Number of clinical research questions formally generated

Intermediate Academic Outcomes (Year 2-3)

- Number of retrospective analyses conducted using the database
- Abstract submissions to national or international oncology meetings
- Manuscripts submitted and published in peer-reviewed journals
 - Journal importance measured by the widely-accepted Journal Impact Factor, JIF
- Internal and external research collaborations initiated

Longer-Term Scientific Impact (Year 3+)

- Use of database findings to inform prospective or translational study design
- Expansion of the database to additional breast cancer subtypes (e.g., triple-negative disease)

Overview | TNBC Dormant Metastases Research at Fox Chase



Triple-negative breast cancer (TNBC) patients often experience relapses after initial response to chemotherapy treatment.

This represents a major clinical challenge in breast cancer care. This relapse happens because some cancer cells called disseminated tumor cells (DTCs) leave the breast primary tumor and travel to other parts of the body, such as the lungs. There, these DTCs stop growing and become “dormant” or sleep-like. Since chemotherapy kills only growing cells, these dormant tumor cells survive and escape the treatment. Months or even years later, these dormant DTCs can “wake up,” start growing again, and form metastases.

TNBC lacks estrogen receptors, progesterone receptors, and HER2 amplification, which means that

targeted therapies are not effective and chemotherapy remains the main treatment option. While chemotherapy can successfully shrink the primary tumor, it does not eliminate dormant cancer cells at distant sites. These surviving cells can later regain the ability to grow, leading to metastatic disease and poor patient outcomes.

Our preliminary research has uncovered a surprising mechanism that may explain how this relapse occurs. We found that after chemotherapy treatment, certain normal cells in the lung—called fibroblasts—release a protein known as Lipocalin-2 (LCN2). In animal studies, we discovered that LCN2 can stimulate dormant, chemotherapy-resistant cancer cells in the lungs to wake up and

start growing again, ultimately leading to metastasis.

The overall goal of this research is to prevent metastatic relapse in TNBC patients. To achieve this goal, we will:

1. Identify how LCN2 triggers dormant cancer cells to begin growing again in distant organs.
2. Assess the efficacy of antibodies blocking LCN2 (either commercially available and/or newly developed), and/or signaling activated by LCN2 in tumor cells, in combination with standard chemotherapy, to prevent metastasis in pre-clinical animal models.
3. Assess LCN2 and related inflammatory factors in patients’ blood before and

after chemotherapy as biomarkers to predict relapse and clinical outcomes.

Together, these studies will help us develop new potential treatment strategies that preserve the tumor-shrinking benefits of chemotherapy while preventing cancer cells from awakening at distant sites. Ultimately, this work has the potential to reduce relapse, limit metastasis, and improve survival for patients with triple-negative breast cancer.



Proposed Metrics to Evaluate Progress

1. *Peer-Reviewed Publication:*

- At least one peer-reviewed manuscript reporting the findings from this study, highlighting the role of LCN2 in awakening dormant tumor cells and strategies to prevent metastatic relapse
 - Journal importance measured by the widely-accepted Journal Impact Factor, JIF

2. *Scientific Data Outputs, Generation of Data Demonstrating:*

- Aim 1
 - The molecular mechanisms by which LCN2 activates dormant tumor cells
- Aim 2
 - The efficacy of LCN2-blocking antibodies (and/or downstream) in pre-clinical models
- Aim 3
 - The potential of LCN2 and related factors as circulating biomarkers in patient samples



Primary Objective:

To facilitate projects aimed at answering important clinical questions in lobular breast cancer, including retrospective cohort studies, as well as small prospective registry studies.

Topics related to any of the following areas will be examined:

- Real-world response to approved agents in lobular breast cancer
- Predictors of response to approved agents
- Biomarkers of recurrence and treatment response (e.g., pathologic, radiologic, molecular) in order to decrease the burden of metastatic lobular breast cancer

Overview Continued | Development of a Multidisciplinary Invasive Lobular Breast Cancer (ILC) Research Working Group at Penn



Aim 1: Retrospective Review of ILC, beginning with Response to Neoadjuvant Therapy in ILC

Background, area of unmet clinical need:

ILC represents about 10–15% of invasive breast cancer amounting to >40,000 newly diagnosed breast cancer cases per year in the United States alone. If it were ranked as an independent breast cancer subtype, its incidence would be greater than melanoma and non-Hodgkin's lymphoma. Multiple challenges persist in the treatment of ILCs, in particular surrounding response to and benefit of chemotherapy. Patients with ILC have documented lower response rates to neoadjuvant chemotherapy compared to patients with similarly staged Invasive Ductal Carcinoma (IDC). Moreover, the prognostic role of pathology complete response (pCR) as a surrogate marker of long-term outcomes is unclear in ILC.

The 21-gene recurrence score (RS), a

standard prognostic assay and predictor of chemotherapy benefit in early-stage hormone-positive (HR+) breast cancer was not trained on ILC patient samples. RS prognostic and predictive value for chemotherapy benefit for ILC patients with high-risk (>25) scores has been supported by large, retrospective SEER and NCTB database analyses. However, the distribution of the RS in patients with ILC is very different from patients with IDC, with far fewer high RS in the ILC population (6.6% vs. 16.0% in the IDC population). Despite this well-established propensity to have lower RS in ILC, outcome studies have shown that patients with luminal ILC have worse outcomes than luminal IDC, especially over time, with increased risk of late (post-5 year) recurrence. It is thus critical to study the biology of ILC, including drivers of resistance to therapy, and most importantly, to identify new ILC-specific therapeutic targets. ILC tumors are often characterized by

multifocality and more than one histologic ILC subtype within the same patient tumor sample, and some patients can also have mixed IDC/ILC tumors. Multiomic profiling studies of mixed IDC/ILC tumors has shown distinct oncogenic drivers and intrinsic molecular subtypes in individual tumor regions. Certain alterations likely drive endocrine resistance in HR+ breast cancer, while others can confer sensitivity to chemotherapy. Mutational signature analysis tools, such as signature multivariate analysis (SigMa), can show distinct alterations in separate tumor regions.

Hypothesis: *Response to neoadjuvant therapy may vary by patient-specific factors (e.g., age, menopausal status, etc.), ILC histology (e.g., grade, ILC subtype – pleomorphic vs. classical vs. alveolar, etc.), and intratumoral alterations that can be identified by unique spatial gene signatures of epithelial tumor regions from tissue samples.*

We will start by collecting clinical, pathologic, and radiologic data on patients with high-risk (T3 and/or node positive), early-stage ILC treated with neoadjuvant therapy (either neoadjuvant chemotherapy (NAC) or neoadjuvant endocrine therapy (NET)) at our institution in the last 10 years.

We will analyze samples obtained from the core biopsy and post-treatment tumors, including comprehensive histologic review, construction of a tissue microarray (TMA), microdissection for bulk RNS sequencing (10 patients with pre- and post-NAC samples), and spatial transcriptomics (5 patients with pre- and post-NAC samples) to identify putative drivers of response and/or resistance. In the future, we may also expand to look at single cell sequencing in a limited number of samples.

Overview Continued | Development of a Multidisciplinary Invasive Lobular Breast Cancer (ILC) Research Working Group at Penn



Aim 2: Coordinate ILC Investigations with other centers through the newly formed Lobular American Research Consortium (LARC)

We have proof of concept for multi-site collaboration in ILC through Penn's involvement in the ongoing PLUMB protocol.

The prospective PLUMB registry for metastatic ILC is already open at UCSF, MD Anderson, and at Penn Medicine under Principal Investigator (PI) and MBCure Liaison Dr. Rachel Jankowitz.

We aim to expand translational investigations in ILC in collaboration with the LARC Consortium. Coordinated study of retrospective, archival ILC samples and patient data across institutions will supplement the materials and outcome data being collected as part of the prospective PLUMB metastatic database.

Ultimately, we aim to identify biomarkers and novel therapeutic targets in ILC.

Aim 3: Radiologic Analyses in ILC

Imaging in metastatic ILC is challenging based on the propensity for non-measurable disease. This can also limit patients from enrolling in clinical trials that require measurable disease. Better imaging is needed for patients with ILC, and we will continue to collaborate with our radiology colleagues in the Penn Medicine ILC Working Group to pursue investigations in this area.

Development of a Multidisciplinary Invasive Lobular Breast Cancer (ILC) Research Working Group at Penn – Impact Metrics



Proposed Metrics to Evaluate Progress

High Level

- Hire a research coordinator with at least 50% effort devoted to ILC projects
- Present work at major meetings
- Publish results in high-impact journals
 - Journal importance measured by the widely-accepted Journal Impact Factor, JIF
- Track trainee participation

Specific Deliverables Based on the Aforementioned Aims

Aim 1

- Patient identification and pathologic review within 6 months
- Correlative analyses within 1-3 years
- Expand retrospective registry to other ILC-related investigations

Aim 2

- **Year 1**
 - Create criteria for LARC membership
 - Demonstrate feasibility of data-sharing across institutions in ILC, as an uncommon breast cancer subtype
- **Year 3**
 - Collaborate to publish findings in ILC in a peer-reviewed journal using multi-site retrospective database findings

Aim 3

- Continue to gather examples of projects to which funding can be applied
- Examples of ongoing projects:
 - Novel PET imaging techniques (eg., FES/FDG PET)
 - DCE-MRI & foundation models to improve breast cancer diagnosis, prognostication, and predictive response to therapy with multimodal data integration

Overview | HERizon-Breast Clinical Trial With Curative-Intent for MBC at MSK



The HERizon-Breast Clinical Trial with Curative-Intent for MBC is led by MBCure Liaison, Dr. Pedram Razavi, in collaboration with Dr. Shanu Modi, Dr. Sarat Chandarlapaty, Dr. George Plitas, Dr. Atif Khan, Dr. Sherry Shen, Dr. Dara Ross, and Dr. Bob Li. Pedram Razavi, MD, PhD, a breast medical oncologist and Director of the Breast Translational Program as well as Director of Liquid Biopsy and Genomics at MSK Global Biomarker Development Program, in collaboration with a multidisciplinary team of experts from MSK Breast Oncology, has pioneered a powerful new strategy aimed at shifting current paradigms in the fight against metastatic breast cancer. Dr. Razavi and his team believe this revolutionary approach has the potential to completely change oncology practice and paves the

way for pursuing curative-intent therapy in HER2-positive metastatic breast cancer.

To accomplish this, the research team has developed a groundbreaking clinical trial that seeks to upend the conventional practice of controlling the cancer for a time and waiting for drug resistance to emerge before changing to another anti-HER2 therapy. Instead, this trial seeks to eradicate all traces of cancer by sequentially using the most effective therapies together with highly sensitive liquid biopsies, with samples taken via blood draws, to guide treatment decisions. Serial liquid biopsies will provide precise, active monitoring of the cancers' response to treatment, so clinicians can escalate or de-escalate therapy

as appropriate. The program further seeks to learn from any patients whose cancer is not cured by developing new models of these individuals' cancers and using those models to study the basis for resistance and devise new strategies to overcome it. The insights gained will not only help patients with HER2-positive breast cancer but will also lay the foundation for similar programs of research currently being envisioned for estrogen receptor-positive (ER+) and triple-negative breast cancer (TNBC).



Proposed Metrics to Evaluate Progress

Shorter Term Metrics | Focused on launching the trial and patient enrollment:

- Number of patients consented
- Number of patients enrolled
- Number of patient samples collected
- Number of samples analyzed
- Abstracts submitted
- Papers published in peer-reviewed medical journals
 - Journal importance measured by the widely-accepted Journal Impact Factor, JIF

Longer term metrics will focus on patient outcomes → more to come on these details in future MBCure impact reporting!

Overview of Other Beneficiaries to Date



**LIVING BEYOND
BREAST CANCER®**



PROJECT LIFE



METAVIVOR

Metastatic Breast Cancer
Research, Support & Advocacy

Living Beyond Breast Cancer's (LBBC) Travel Grant Program



In 2025, MBCure supported this LBBC program:

Travel Grants for MBC patients to attend the Thriving Together: 2025 Conference on Metastatic Breast Cancer (MBC) hosted by Living Beyond Breast Cancer (LBBC)

A diagnosis of Metastatic Breast Cancer (MBC) is a health crisis for all and a financial crisis for many. Travel grants to Thriving Together: 2025 Conference on Metastatic Breast Cancer allowed those living with MBC to attend, who would otherwise not be able to afford this event and the associated travel costs. This grant program gave MBC patients access to the most up-to-date information on treatment, side effect management, and clinical trials delivered by top medical oncologists, along with strategies on how to live well with MBC.

Fascinating Fact – the original co-founders of MET UP, an activist group to lobby for more MBC research funds, met at this LBBC MBC conference. MET UP was born out of MBC patients having opportunities like this one. ***As this example highlights, having a multifaceted approach to a CURE, as MBCure does, is critical; supporting initiatives aside from research can lead to great progress too, such as the founding of an organization like MET UP.***

A detailed impact report specific to this LBBC conference can be provided upon request.



In 2026, MBCure will support this LBBC program:

The Living Beyond Breast Cancer Fund provides one-time grants to help offset basic living costs such as housing, utilities, and transportation for people in treatment for breast cancer. Since 2006, when the Living Beyond Breast Cancer Fund was created, they have disbursed over \$3 million in grants to nearly 3,500 people in treatment for breast cancer, helping to decrease part of the financial burden of a breast cancer diagnosis.

With MBCure's funding in 2026, Living Beyond Breast Cancer (LBBC) can increase the number of grants available to **people living specifically with metastatic breast cancer (MBC)**, so they can focus on their health, not their bills.



In 2026, MBCure will support this Project Life program:

Project Life is honored to be featured in a short documentary with *Empowered*, hosted by Meg Ryan, airing on cable and PBS. The film highlights the real-life challenges of living with metastatic breast cancer (MBC) and showcases how Project Life provides compassionate, integrative oncology support—focusing on the whole person.

MBCure's funding in 2026 to support this initiative will help ensure that this story and message continue to be shared, as we work together to keep augmenting awareness and educating people about the realities of MBC.



Prior to the launch of the MBCure Research Consortium, the women of our Board contributed extensively to research at METAvivor by *raising more than \$1,200,000* for this organization's research.

METAvivor has contributed millions of dollars and hundreds of grants to MBC research since 2009.

MBCure and Cancer Culture Announce Strategic Collaboration



MBCure x Cancer Culture: Accelerating Support and Innovation for Metastatic Breast Cancer

By working together, we will elevate the voices of MBC patients while directly contributing to groundbreaking discoveries. Thus far, this collaboration has entailed many tangible actions, and we are actively expanding our work together! **#StrongerTogether**

To date, Cancer Culture has contributed \$200,000 (& counting) to the MBCure Research Consortium!

[Click here](#) to read the full press release and keep scrolling for more details on MBCure x Cancer Culture.





Cancer Culture is an MBC-focused nonprofit reshaping the public narrative around cancer through art, storytelling, and advocacy. They believe in the benefits of human connection, creative activism and centering patient voices to build community. They are leading this retreat where they will be creating space for rest, connection and celebration in Philadelphia, PA. Our MBC patients from the retreat will join us at the MBCure Annual Gala, as the gala will be the culmination of this multi-day experience.



The Most Powerful Show At Fashion Week Wasn't All About Fashion

New York, NY – September 14th, 2025

The MBCure Research Consortium was the proud beneficiary of Cancer Culture's 6th annual New York Fashion Week fundraising event.

BODY OF RESISTANCE, Cancer Culture X Ana Ono X MBCure, was a patient-led runway experience featuring models living with metastatic breast cancer, early stage disease, and "previvors" walking the runway in solidarity, wearing lingerie-inspired looks, bearing scars, flat chests, port lines, strength, joy and unflinching honesty.

Nearly \$200,000 raised for the MBCure Research Consortium, with extensive media coverage!

[Click here](#) to read more about this transformative experience with more details on press coverage, and [click here](#) for more photos and videos.

People

NEW YORK POST





MBCure and Cancer Culture teamed up as Powering Co-Sponsors to help bring this podcast to life!

Hosted by actress and survivor Miranda McKeon, Pink 365 dives into the stories, science, and stigma behind women's health issues – the ones we've been told to whisper about. Through candid conversations with survivors, experts, and the people who've lived it, Miranda explores everything from fertility and hormones to sexuality, cancer, and the gender health gap.

If you're craving real talk, real education, and real connection, this is your space. Women's health isn't a once-a-year conversation. It's 365 days of truth, healing, and power.

Spotify, Apple Podcasts, and YouTube – [click here](#) for podcast access!



@miranda.mckeon on Instagram



MBCure partnered with FORCE to provide more quality resources for our community!

FORCE's XRAY Program takes you behind the headlines to bring you reliable information about breast cancer research-related news and information. [Click here](#) to learn more!

FORCE's Featured Research Program lists cancer prevention, treatment, and quality of life studies that are enrolling qualified participants. [Click here](#) to learn more!



Facing Hereditary Cancer **EMPOWERED**

MBCure Gets Accepted to The ABC Global Alliance



The ABC Global Alliance, established in 2016 as an initiative of the European School of Oncology and now registered as a non-profit association in Portugal, is a multi-stakeholder platform for all those interested in collaborating on common projects related to advanced breast cancer (ABC) around the world. They are made up of people and organizations who are committed to develop, promote, and support tangible improvements that will ultimately create awareness and actions that will improve and extend the lives of patients living with ABC worldwide.

The ABC Global Alliance was launched during the World Cancer Congress in Paris on November 3, 2016. It is a continuation of the work developed through the ABC International Consensus Conference created in 2011, responsible for the ESO-ESMO international consensus guidelines for the management of advanced breast cancer and its advocacy efforts.

Learn more about the ABC Global Alliance [here!](#)





MBCure's Showcase Annual Event

The MBCure Annual Gala is our premier event that takes place each year in Philadelphia, PA. In 2025, we hosted ~500 guests for an entertaining and enjoyable evening of inspiration, hope, education, and impact. The event features a cocktail hour, dinner served during an educational program, live music, artistic entertainment, and much more!

Click [here](#) and scroll down to check out last year's gala recap, and click [here](#) and scroll down to see photos and videos from prior galas.

Our next gala will be taking place on Friday, February 27, 2026 at The Union League in Philadelphia, PA. We are looking forward to seeing many of you there – thank you for helping us sell out!

Snapshot of MBCure's Community Events



MBCure aims to create a supportive community for patients and loved ones by hosting experiences that yield lasting memories and offer hope to those affected by this devastating disease. **MBC patients can always attend our events free of charge.** Our events bring our community together while educating attendees and raising awareness and money for our mission!

MBCure x Kendra Scott shopping events!



Hosted a team at this 5K in Philadelphia, PA with a brunch following the run!



Hosted a spin class in NYC!



Hosted a happy hour in Avalon, NJ!



Hosted a Full Moon Flow in Sea Isle City, NJ!



MBCure's Involvement in MBC Conferences



San Antonio Breast Cancer Symposium (SABCS)



Together Facing Breast Cancer at Fox Chase Cancer Center

Living Beyond Breast Cancer's (LBBC) MBC Conference



MBCure's Media Snapshot



*Check out more
press coverage [here!](#)*

MBCure's Sponsor Snapshot



Bristol Family Foundation



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Thank You For Your Support!



MBCure is a nonprofit founded to shift how MBC research is addressed. Through our mission and actions, we are not just funding research – we are ***fueling a movement for survival and hope.***

As described herein, MBCure believes in a multifaceted approach to achieve our vision of a cure for MBC.

We cannot thank you enough for your continued support of our organization. We would never be able to make such an impact without you.

If you are interested in partnerships, sponsorships, or any other collaborations, please email us at info@mbcure.org. All questions can also be directed to this email address.